

VERT Basic Training Registration Form

Name: _____

Address: _____

La Cañada Flintridge, CA 91011

Work Phone: (____) _____

Home Phone: (____) _____

Session I'm registering for:

Questions or comments:

Please either fax or mail this form to:

Public Safety Coordinator
Re: Volunteer Emergency Response Team
La Cañada Flintridge City Hall
1327 Foothill Blvd.
La Cañada Flintridge, CA 91011

(818) 790-8880 (phone)
(818) 790-7536 (fax)